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## APPROVAL FOR RENEWAL OF ACCESS TO REVIEW MEDICAL RECORDS

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### INSTRUCTIONS

1. Your medical record access privileges will expire on: \_\_\_\_\_
2. ☐ **CANCEL** If you do not wish to renew your access privileges, check box at left.  
Return incompletd form: Director, MRD, Building 10, Room 1N208.
3. ☐ **RENEW** To renew your access privileges, check box at left and complete the form as instructed below:
  - a. Please complete all portions of the form below, including the first two required approval signatures, and forward the completed form to: Director, Medical Record Department, Building 10, Room 1N208.
  - b. All requesters, including both NIH employees and contract personnel, must provide a valid NIH Identification Badge Number.
  - c. Contract personnel, without an NIH Identification Card, and non-NIH employees should contact the Medicolegal Section at 496-3331 for further assistance and should NOT submit this form.

Date	Name	Requester <input type="checkbox"/> NIH Employee <input type="checkbox"/> Contract Personnel	NIH ID Number
Degree	Institute/Branch	Address	Telephone

### REASON FOR REQUEST (Be Specific)

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Effective From \_\_\_\_\_ To \_\_\_\_\_

Note: The access period may not exceed one year. A renewal notice will be sent prior to expiration.

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### APPROVAL SIGNATURES

1. \_\_\_\_\_  
Branch or Section Chief Date \_\_\_\_\_
2. \_\_\_\_\_  
Institute Clinical Director or Clinical Center Department Head Date \_\_\_\_\_
3. \_\_\_\_\_  
Director, Medical Record Department Date \_\_\_\_\_